THE GREATER PITTSBURGH GUILD FOR THE BLIND

CONCERNING CERTIFICATION OF ORIENTATION AND MOBILITY SPECIALISTS

James A. Kimbrough, M.A.

HV1708
K569
C744
1969

PROFESSIONAL SERIES NO. 1 • JULY, 1969

FOREWORD

HV1708
K 569.
c 744.

The Greater Pittsburgh Guild for the Blind is a non-profit, educational and charitable corporation chartered in the Commonwealth of Pennsylvania October 21, 1959. Our services include: (1) a 15 week comprehensive personal adjustment program for the adventitiously blind, (2) a 30 week adjustment and evaluation program for the congenitally blind, (3) a community mobility program, (4) a mobility-techniques of daily living program at the 2000 bed John J. Kane Hospital for the chronically ill in Pittsburgh, (5) short-term courses in communication skills and activities of daily living for the blind, (6) psychological evaluation, (7) counseling, (8) consultation to agencies and individuals, and (9) the training of professionals in Rehabilitation Counseling, Social Work, Mobility, and Rehabilitation Teaching.

The Guild has endeavored to evaluate and re-evaluate the needs of the blind in the states of Pennsylvania, Ohio, Virginia, West Virginia, Maryland and Washington, D.C. since the clientele for the Guild's programs reside primarily in these states. The types of mobility experiences needed by the blind in this geographical area have formed the basis of our emphasis. We have found that the primary ingredient, other than a well-trained Mobility Specialist, in the achievement by the client is his attitude toward himself and others. Secondary is his intelligence, age and work background.

Mr. Kimbrough has presented a position paper for consideration by all who know blindness. His experiences are many and varied, and competent at the highest levels. He knows education, he appreciates the role of all the professional and sub-professional groups in blindness, and he is an expert Mobility Specialist. The six years of experience at the Guild has enabled him to see the need in mobility clearly. This presentation by Mr. Kimbrough is most timely and worthy of adoption.

L. Leon Reid, Ph.D., Director
The Greater Pittsburgh Guild for the Blind

CONCERNING CERTIFICATION OF ORIENTATION AND MOBILITY SPECIALISTS

James A. Kimbrough, M.A., Chairman
Orientation and Mobility Department
The Greater Pittsburgh Guild for the Blind

When considering the social atmosphere in our country today, we are constantly faced with the concept of change. This point becomes apparent through an examination of phrases and words such as "human rights," "the sex revolution," "black power," "the war on poverty," "anti-establishment," "ecumenism," "draft card burning," and "lowering the voting age." Mention any one of these issues in a local tavern, at a cocktail party, or on a television talk show and a host of "authorities" on the subject quickly emerge.

The specialty of Orientation and Mobility lends itself quite well to today's social atmosphere. Mention "certification of Mobility Specialists" at any formal or informal gathering of workers for or of the blind and the atmosphere becomes quickly charged with both rational and irrational discussions concerning the future of the profession. This paper will explore several points of view on this issue and present proposals which might prove beneficial in establishing a framework within which we can gain perspective in planning for the future. To do this, a brief review of past and current developments is necessary.

In Europe during World War I, it was learned that search dogs used for the German Army could be trained to help blinded soldiers and veterans become independently mobile. As a result of this, the first guide dog school in this country was established in 1929, thus providing blind persons in the United States with the first organized system for learning independent travel. In retrospect, we must assume that the people who provided this service were from various backgrounds and various educational levels. We must assume further that they had a good ability to relate to people on an inter-personal basis and that they had a thorough knowledge of dogs and training procedures.

During the latter stages of World War II, it was learned that a blind person could make use of a cane as a travel aid, provided the cane was used in an efficient manner and provided the blind person was oriented to his environment. We must again assume that the people who provided cane training at that time came from various backgrounds and various educational levels. We must assume further that they were able to relate successfully to people on an inter-personal basis and that they had a thorough knowledge of the cane techniques, in addition to a complete knowledge of methods for becoming oriented to the environment

These early developments taught us that blind people can learn to be independently mobile in an efficient and safe way if they are properly trained. We also learned that mobility training should be systematic and that the people who provide the training should be thoroughly prepared to do that job. We have learned from the past that, in order for the service of mobility to exist, there must be a method, someone to teach the method, and someone to teach the teacher. This is the foundation on which rests the specialty of Orientation and Mobility.

From these early beginnings, the profession of Orientation and Mobility, along with other services for the blind and visually handicapped, has arrived at the point at which all professions must eventually arrive — standardization of services and certification of personnel. These two points are extremely critical, for the directions we take with these can have either a detrimental or positive effect on the entire field of service to the blind and visually handicapped.

In the current discussions concerning certification of mobility personnel, three points of view seem to stand out among all others. One view suggests that only those persons who received their training at an

approved graduate level program supported in part by Rehabilitation Services Administration or Office of Education should be permanently certified to teach mobility. Another point of view maintains that Mobility Specialists trained at the undergraduate level should also be qualified for permanent certification. A third point of view holds that professional Mobility Specialists can be provided to the field through an in-service training program at an agency.

This writer has had the opportunity to matriculate in a graduate Orientation and Mobility program; observe the undergraduate program at Florida State University and supervise one of its interns; and coordinate the training of seven (7) Mobility Specialists at the post-Bachelor's level in the agency. These personal observations have revealed that the curricula and quality of learning experiences at all three facilities are nearly identical and are in complete agreement with the curriculum and quality of learning experience suggested in the COMSTAC Report.

In addition, it has been observed that the Mobility Specialists from the three types of training facilities have been equally qualified and knowledgeable about the performance of their jobs. Based on these observations, it is my opinion that the ability to teach Orientation and Mobility is not determined by the college degree or place of training. Nor do graduate programs, in their present structure, necessarily guarantee the most professional teacher preparation available.

I believe the Orientation and Mobility curricula and learning experiences are the chief factors in determining the effectiveness of Mobility Specialists training programs. This, along with a sincere and deep conviction to meet the needs of the blind, coupled with the proper personality configuration, and on the basic requirement of a Bachelor's degree, will assure the field a professional who will be respected by all. Therefore, I propose that we standardize curricula and training experiences for Mobility Specialists regardless of where the training is offered.

Training Mobility Specialists at the agency level seems to draw some criticism. This subject, understandably, conjures up the profession's past experience with unqualified instructors, haphazard training and similar unprofessional attempts at providing the service of mobility. There is also some concern that standards for this type of training program would be difficult to establish and maintain at the national level. These are serious and legitimate concerns that obviously need to be dealt with by an appropriate certifying body. However, the Mobility Training

Program at Hines Veterans Hospital clearly demonstrated that an in-service mobility training program can produce superior personnel provided the program is organized, systematic and thorough. A current example of the effectiveness of this type of training program can be noted through a brief description of the Mobility Specialist Training Program at The Greater Pittsburgh Guild for the Blind.

Since late 1965, the Guild has provided a comprehensive curriculum for the in-service training of Mobility Specialists. The training objective is to teach individuals with a minimum of a Bachelor's degree the methods by which a visually impaired person can become independently mobile. Physical and personal qualifications required for admission to training are in line with those outlined in the COMSTAC Report. In addition, candidates are interviewed by a committee composed of the Director, Assistant Director, and the Department Chairmen at the Guild. It is upon this committee's recommendation that candidates are admitted or rejected.

The Guild's curriculum includes The History of Rehabilitation, History of Rehabilitation for the Blind, Practicums in Orientation and Mobility, Psychological Aspects of Blindness, Medical Aspects of Blindness, Social and Cultural Implications of Blindness, and courses related to Curriculum Development.

The training lasts for approximately six (6) months. During the first eight weeks of training, the individual is required to: log between seventy-five to one hundred hours under the blindfold in mobility experiences; take three written and two oral examinations; write three documented papers; and, while under observation and supervision, teach eighty class periods of mobility to blind persons having various disabilities.

Students then enter a fifteen week internship teaching mobility under supervision, and they must compile between 350 and 400 clock hours with both congenitally and adventitiously blind clients. The types of clients taught must comprise a variety including those of average, above average, and below average intelligence; those with cerebral dysfunctions, diabetes and other disabilities; and those in the geriatric and under 18 age groups as well as the age groups 18-65 years. Throughout the six months of training, the student is rated by instructors on techniques, attitudes, and commitment to the profession. At any time during training, the student can be rejected because of an inability to acquire the skills and understandings of the curriculum.

The in-service training programs at The Greater Pittsburgh Guild for the Blind and at Hines Veterans Administration Hospital have proven successful because students who completed the training developed a thorough knowledge of blindness and became highly skilled in teaching Orientation and Mobility. Among the advantages of these programs are: (1) Training is almost exclusively on a one to one basis, which allows more personal contact between student and supervisor; (2) Because of the one to one ratio, evaluations can be more thorough and the student can be completely flexible in acquiring his skill; (3) The student receives his entire training within an environment related to the job he will perform; (4) An experienced and knowledgeable staff is readily available for teaching purposes, consultations, observations, and demonstrations; (5) Because of the one to one ratio, the element of time required to achieve the skills is reduced; and (6) Persons already trained in an allied professional field could be encouraged to enter the specialty of Orientation and Mobility. The practicality and efficiency of mobility in-service training programs become apparent when we consider the fact that Hines Veterans Administration Hospital and The Greater Pittsburgh Guild for the Blind currently have the largest Orientation and Mobility staffs in the country.

Experience gained from Hines and The Greater Pittsburgh Guild for the Blind has shown that Mobility Specialist training at an agency can only be accomplished if the staff is sufficiently experienced and knowledgeable in the various areas of blindness. Such a staff must then be required to fully participate in training mobility personnel. In addition, if agencies propose to implement such a training program, it is suggested that experienced graduate Mobility Specialists be employed as training coordinators. This latter point will be expanded later in the paper.

When one compares the mobility curriculum at the Florida State University to the mobility curricula at the various graduate schools, it becomes apparent that there is very little difference in their scope or content. We, therefore, can assume that there are probably hundreds of universities throughout the country having special education and rehabilitation departments who can provide similar curricula to undergraduates and graduates. It is, therefore, proposed that we direct our attention to universities as a continuous resource for training Mobility Specialists. It is further proposed that these universities recruit the current graduate Mobility Specialists to serve on the faculties as program coordinators. This proposal attempts to take advantage of current educational facilities as well as current graduate students.

Since all three types of training programs (Greater Pittsburgh Guild for the Blind, undergraduate and graduate) are capable of producing similarly qualified personnel, then a duplication of effort exists, and the field is not taking full advantage of available resources. It is, therefore, proposed that we begin a move to make a clearer distinction between graduate, undergraduate and agency programs. It is suggested that we make this distinction not by reducing the capabilities of persons with undergraduate degrees (which includes the agency-trained Specialist) as has been suggested in some discussions, but by re-evaluating and re-structuring the current graduate programs so that graduate degrees become truly high academic achievements.

I recommend that as a prerequisite to admission to graduate school, Mobility Specialists be required to have at least two (2) years experience teaching mobility at the Bachelor's degree level. Mobility Specialists could then enter a Master's degree program whose curriculum contained courses such as Psychological Aspects of Disability, Medical Aspects of Disability, Education of Exceptional Children, Special Education Administration, Statistics and Research, Curriculum Development and Revision. Such Mobility Specialists would then participate in a practicum or internship in a supervisory capacity. Graduates with Master's degrees would specialize in the mobility problems of various disabilities and be fully qualified to serve as director or supervisor of an Orientation and Mobility staff. They could also act as consultants to various agencies and their staffs or become part of university faculties. In addition, a Mobility Specialist with a degree such as has been described could very easily become involved in research which is so vital to the field of blindness.

The advantages to the above stated proposal are: (1) There would be a distinct delineation between Mobility Specialists with graduate degrees and undergraduate degrees; (2) Mobility Specialists with graduate degrees would be more qualified to supervise a Mobility staff; (3) There would be more incentive for Mobility Specialists with undergraduate degrees to achieve graduate degrees, and thus remain in the profession for longer periods of time; (4) The proposed change would be a way to encourage the current graduate Mobility Specialists to become members of university faculties or agency staffs, thereby providing more opportunities for greater numbers of people to be trained as Mobility Specialists; and (5) Mobility Specialists with graduate degrees would be more versatile in providing services.

In this age of specialization, we constantly see the emergence of new professions and the never-ending cry that there is a shortage of

manpower. In these new professions, as well as in those that are established, the need for manpower has become synonymous with the need for funds, facilities and faculty to train the people. Perhaps one of the reasons for the continuous need for personnel is the adoption of unrealistic standards by the professions. Perhaps with a vigorous re-evaluation of current standards, we would see that there are thousands of people who are qualified to provide the various services, but they have not had the opportunity to avail themselves of the high academic requirements. I believe that an arbitrary decision to recognize only graduate Mobility Specialists would be narrow, unrealistic and impractical. For this reason, I urge the standardization of mobility training programs to be provided by institutions such as undergraduate universities and agencies. I also recommend the certification of Mobility Specialists trained at these institutions. Further, I urge that distinctions be made more clear-cut between undergraduate and graduate Mobility Specialist programs as a means of upgrading the profession.

It is admittedly not easy to change that which currently exists. Perhaps it would be easier to follow the direction of tradition and establish standards that make us appear impressive in the eyes of other professions. I believe this does not need to happen. We need not allow tradition to be our only guideline for establishing new directions. With imagination, foresight, and proper utilization of available resources, we can make the specialty of Orientation and Mobility a truly-high quality profession.

HV1708 Kimbrough, James A.
K569 Concerning certification
C744 of orientation and
mobility specialists.

HV1708 Kimbrough, James A.
K569 Concerning certification
C744 of orientation and
mobility specialists.

REFERENCE - DO NOT REMOVE FROM LIBRARY

AMERICAN FOUNDATION FOR THE BLIND
15 WEST 16th STREET
NEW YORK, N.Y. 10011

DEMCO

The Greater Pittsburgh Guild for the Blind • 311 Station Street, Bridgeville, Pennsylvania 15017